

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/771,436</div>	FILING DATE				
							APPLICANT(S)					
<div style="font-size: 1.2em; font-family: cursive;">3-24-05</div>							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
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TOTAL DEP.	8		8									
TOTAL CLAIMS	10		10									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												

Best Available Copy